

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

475

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>5783</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY OR TOWN <u>Rural Byrd</u>				c. CITY OR TOWN <u>Rural</u>			
c. LENGTH OF STAY (in this place) .....				d. STREET ADDRESS (If rural, give location) <u>Jackson Mo R F D 3</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Mo R F D 3</u>				e. STREET ADDRESS (If rural, give location) <u>Jackson Mo R F D 3</u>			
3. NAME OF DECEASED (Type or Print) <u>Bertha</u>		a. (First)		b. (Middle) <u>Loebs</u>		c. (Last) <u>Boehme</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 5 1878</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>11</u> DAYS <u>18</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>George Loebs</u>		13b. MOTHER'S MAIDEN NAME <u>Magdaline Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Boehme</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas Boehme</u> ADDRESS <u>Jackson Mo R 3</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) .....				INTERVAL BETWEEN ONSET AND DEATH <u>87 yr</u>	
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION .....				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) .....		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) .....		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) .....		21d. HOW DID INJURY OCCUR? .....	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) .....		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? .....			
22. I hereby certify that I attended the deceased from <u>Jan 2, 1950</u> , to <u>Jan 23, 1951</u> , that I last saw the deceased alive on <u>Jan 23, 1951</u> , and that death occurred at <u>10:25</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>D J J Schenck</u> (Degree or title) .....				23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>1-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 25 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 24-51</u>		REGISTRAR'S SIGNATURE <u>D E Libbert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McComb &amp; Sons</u> ADDRESS <u>Jackson Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 30 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

working under my personal supervision.

Student Embalmer No. ....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3051

P. O. Address Jackson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.